

Amendment No. 1 to HB1080

Terry
Signature of Sponsor

AMEND Senate Bill No. 671*

House Bill No. 1080

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 4-29-242(a)(10), is amended by deleting the subdivision.

SECTION 2. Tennessee Code Annotated, Section 4-29-245(a), is amended by adding the following as a new subdivision:

Board of physician assistants, created by § 63-19-103;

SECTION 3. Tennessee Code Annotated, Section 49-4-939(i), is amended by deleting "committee on physician assistants" and substituting "board of physician assistants".

SECTION 4. Tennessee Code Annotated, Section 53-10-303(a)(1)(H), is amended by deleting "board of medical examiners' committee on physician assistants" and substituting "board of physician assistants".

SECTION 5. Tennessee Code Annotated, Section 63-1-162(a)(7), is amended by deleting "board of medical examiners' committee on physician assistants" and substituting "board of physician assistants".

SECTION 6. Tennessee Code Annotated, Title 63, Chapter 19, Part 1, is amended by deleting the part and substituting:

63-19-101. Short title.

This part is known and may be cited as the "Physician Assistants Act."

63-19-102. Part definitions.

As used in this part:

(1) "Board" means the board of physician assistants, created by § 63-19-103;

(2) "Orthopedic physician assistant" (OPA-C) means an individual who renders service in collaboration with a licensed orthopedic physician or surgeon and who has been licensed by the board of physician assistants pursuant to this chapter as an orthopedic physician assistant;

(3) "Physician" means an individual lawfully licensed to practice medicine and surgery pursuant to chapter 6 of this title, osteopathic medicine pursuant to chapter 9 of this title, or podiatry pursuant to chapter 3 of this title; and

(4) "Physician assistant" means an individual who is licensed to render services, whether diagnostic or therapeutic, that are acts constituting the practice of medicine or osteopathic medicine and who meets the qualifications defined in this part.

63-19-103. Board of physician assistants.

(a)

(1) There is established the board of physician assistants to regulate physician assistants. The board must consist of nine (9) members appointed by the governor, each of whom is a resident of this state, seven (7) of whom are physician assistants who meet the criteria for licensure as established by this part, one (1) of whom is a physician licensed under chapter 6 or 9 of this title, and one (1) of whom is a public member who is not licensed under this title.

(2) On the date this act becomes law for the purposes of the board being established, those members who are currently serving as members of the board of medical examiners' committee on physician assistants will become members of the board of physician assistants, except that any current member who is an orthopedic physician assistant will not become a member of the board of physician assistants pursuant to this subdivision (a)(2).

(b)

(1) Except as provided in subdivision (b)(2), each regular appointment is for a term of four (4) years. The governor shall fill a vacant term for the balance of the unexpired term. A member shall not serve more than two (2) consecutive four-year terms and each member shall serve on the board until a successor is appointed. In making appointments to the board, the governor shall strive to ensure that at least one (1) person serving on the board is sixty (60) years of age or older and that at least one (1) person serving on the board is a member of a racial minority.

(2)

(A) The former committee members' board appointments are four (4) years from the date the members were appointed to serve as members of the physician assistant committee.

(B) The former committee members shall not serve more than two (2) consecutive four-year terms, including the time served on the board of medical examiners' committee on physician assistants.

(C) The governor shall appoint one (1) board member with an initial term of one (1) year, one (1) board member with an initial term of two (2) years, and one (1) board member with an initial term of three (3) years. After the initial terms described in this subdivision (b)(2)(C), each term shall be four (4) years.

(c) While engaged in the business of the board, board members shall receive a per diem of one hundred dollars (\$100) and shall also receive compensation for actual expenses to be paid in accordance with comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(d) The board shall elect a chair and secretary from among its members at the first meeting held in each fiscal year. A board meeting may be called upon reasonable notice in the discretion of the chair and must be called at any time upon reasonable notice by a petition of three (3) board members to the chair.

(e)

(1) On the date this act becomes law for purposes of the board being established, the secretary of state shall transfer the rules of the board of medical examiners' committee on physician assistants, including Chapter 0880-03, general rules governing the practice of a physician assistant, and Chapter 0880-10, general rules governing the practice of an orthopedic physician assistant, to the board of physician assistants.

(2) The rules of the board of medical examiners' committee on physician assistants Chapters 0880-03 and 0880-10 will have full force and effect for the board of physician assistants until the board of physician assistants promulgates its own rules pursuant to this act and in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(3) The board of physician assistants is granted full power and authority to oversee and regulate physician assistants under the rules of the board of medical examiners' committee on physician assistants chapters 0880-03 and 0880-10 and the statutes and policies that governed physician assistants and orthopedic physician assistants before the formation of the board of physician assistants.

(f) For purposes of conducting administrative business and promulgating rules, five (5) members constitute a quorum, and the board shall meet at least twice a year to conduct such administrative business. A majority vote of the members present at the business meetings is required to authorize board action on any board business. For purposes of contested case hearings and disciplinary matters, three (3) or more

members constitute a quorum, and the board chair is authorized, when it is deemed necessary, to split the board into panels of three (3) or more, each to conduct contested case hearings or disciplinary matters.

(g) A majority vote of the members present on any duly constituted panel is required to authorize board action in disciplinary matters and contested case hearings. The board chair has the authority to appoint board members to serve, as necessary, on the panels regardless of the grand division from which the appointed member was chosen or the member's status as a physician assistant, physician, or public member. The existence of a public member of the board creates no rights in any individual concerning the composition of any panel in any disciplinary matter or contested case hearing. Notwithstanding § 4-5-314(e) to the contrary, unavailability of a member of any panel before rendition of a final order does not require substitution of another member unless the unavailability results in there being less than the quorum required by this section for contested case hearings or disciplinary matters. Any substitute required shall use any existing record and may conduct further proceedings as is necessary in the interest of justice.

63-19-104. Powers and duties of board.

The board has the duty to:

(1) Unless otherwise specified in this chapter, promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, all rules that are reasonably necessary for the implementation of this chapter, including, but not limited to, rules that implement the administrative functions of the board and that specify the acts and offenses that subject the license holder to disciplinary action by the board pursuant to subdivision (7);

(2) Set fees, subject to the maximum limitations prescribed by this part, relative to the examination, licensure, and licensure renewal of physician assistants in an amount sufficient to pay all of the expenses of the board and

establish and collect a late renewal fee from those physician assistants who fail to renew their licenses in a timely manner;

(3) Review the qualifications of, and approve or reject each applicant for initial licensure as a physician assistant;

(4) Biennially review the qualifications of, and approve or reject each applicant for biennial licensure renewal. The board shall condition approval for renewal on the receipt of evidence satisfactory to the board of the applicant's successful completion, within a two-year period prior to the application for license renewal, of one hundred (100) hours of continuing medical education approved by the American Academy of Physician Assistants, the American Medical Association, or the Accreditation Council for Continuing Medical Education. The two-year period within which an applicant must have obtained the required continuing medical education hours is either the twenty-four (24) months prior to submitting the application for renewal or the most recent two-year period utilized by the National Commission on Certification of Physician Assistants to determine whether that person has obtained sufficient continuing medical education hours to maintain that person's professional certification. The board may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability, or other undue hardship;

(5) Issue all approved physician assistant licenses and renewals;

(6) Collect or receive all fees, fines, and moneys owed pursuant to this part and to pay the same into the general fund of the state. For the purpose of implementing subdivision (2), all fees, fines, and moneys collected pursuant to the regulation of physician assistants must be so designated. Any fiscal balance or deficit that the board of medical examiners' committee on physician assistants has at the time that this act becomes law must be transferred to the board of physician assistants' budget; and

(7) Deny a license, or discipline in accordance with § 63-19-110(a), a license holder who is guilty of violating any of the provisions of this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (1). When sanctions are imposed on a license holder pursuant to this subdivision (7) or this part, the license holder may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of the prosecuting attorney or attorneys, the investigator or investigators, and any other persons involved in the investigation, prosecution, and hearing of the case. The board may limit, restrict, or impose one (1) or more conditions on a license at the time it is issued, renewed, or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

63-19-105. Qualifications and licensure.

(a)

(1) An individual shall not represent to be or function as a physician assistant under this part unless the individual holds a valid physician assistant license or temporary license issued by the board. The board shall not license an individual as a physician assistant unless the individual:

(A) Has successfully completed a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor accrediting agency or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

(B) Has passed the examination of the National Commission on Certification of Physician Assistants, or its successor agency;

(C) Submits an application on forms approved by the board;

(D) Pays the appropriate fees as determined by the board;

(E) Is mentally and physically able to engage safely in practice as a physician assistant;

(F) Has no license as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure; and

(G) Submits to the board other information the board deems necessary to evaluate the applicant's qualifications.

(2) Notwithstanding subdivisions (a)(1)(A) and (B), the board may license a person qualified as a physician assistant prior to April 26, 1983, and who has continued to represent to be or functioned as a physician assistant since that time. However, the board shall not license any person as a physician assistant after July 1, 1991, unless the person meets the requirements of subdivisions (a)(1)(A) and (B); provided, the board may continue to issue license renewals to any person who was licensed as a physician assistant prior to July 1, 1991.

(b) An individual licensed, registered, or certified as a physician assistant in another jurisdiction may be licensed as a physician assistant by the board if the individual meets the requirements and standards of this part. The board shall charge an applicant with any reasonable expense incurred by the board in verifying the licensure, registration, or certification by another jurisdiction of the applicant for licensure under this chapter.

(c) The board may issue a temporary license to an individual that allows the individual to function as a physician assistant under this part:

(1) For a period of twelve (12) months immediately following graduation to allow the individual an opportunity to attempt the examination;

(2) For a period of one (1) additional year thereafter in which to attempt and successfully complete the examination if the individual is not successful on the first attempt; or

(3) As provided in § 63-1-104, for an individual who has been out of clinical practice or inactive in their practice for an extended period of time, or who has been or is at the time of their application engaged exclusively in administrative practice.

(d) While an individual's application is pending, the board may issue a temporary license to that individual if the individual is licensed, registered, or certified as a physician assistant in another jurisdiction and if the board finds that the application is complete. The temporary license allows the individual to function as a physician assistant under this chapter. A temporary license issued under this subsection (d) is valid for a period of six (6) months and is not renewable. The board may require that an applicant for licensure as a physician assistant appear before the board to answer any questions regarding the applicant's fitness for licensure.

(e)

(1) The board may authorize any of its members or its consultant to conduct a review of the qualifications of an applicant for a license to practice as a physician assistant in this state and to make an initial determination as to whether the applicant has met all the requirements for licensure. If the board member or board consultant determines that the applicant has met all the requirements for licensure, then the applicant is authorized to practice as a physician assistant in this state until the board makes a final decision on the application for licensure. The board may authorize the use of this procedure with respect to applicants for license renewal or reinstatement as well. A temporary authorization issued pursuant to a determination made by the board member or board consultant must not be effective for longer than a six-month period

measured from the date of issuance. The applicant shall not utilize this process more than once.

(2) If temporary authorization pursuant to subdivision (e)(1) is issued to an applicant for a license to practice as a physician assistant in this state and if the subsequent decision of the board is to deny the application based upon a good faith determination that the applicant has not, in fact, complied with all the requirements for licensure, then the doctrine of estoppel does not apply against the state based upon its issuance of temporary authorization and its subsequent denial of licensure.

(3) Notwithstanding a law to the contrary, a person serving as a consultant solely for the board of medical examiners' committee on physician assistants, and not for any other board or committee, as of January 1, 2021, may continue to serve as a consultant for the board of physician assistants until such time that the board of physician assistants decides otherwise.

63-19-106. Authorized services – Collaboration.

(a)

(1) A physician assistant is authorized to perform selected medical services only in collaboration with a licensed physician.

(2) Collaboration requires active and continuous overview of the physician assistant's activities to ensure that the physician's directions and advice are in fact implemented, but does not require the continuous and constant physical presence of the collaborating physician. The board of medical examiners and board of physician assistants shall adopt regulations governing the collaborating physician's personal review of historical, physical, and therapeutic data contained in the charts of patients examined by the physician assistant. Until the rules are jointly adopted by the board of physician assistants and the board of medical examiners, the rules jointly adopted by the committee

on physician assistants and the board of medical examiners in effect as of December 31, 2020, remain in effect.

(3) The range of services that may be provided by a physician assistant must be set forth in a written protocol, jointly developed by the collaborating physician and the physician assistant. The protocol must also contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for these problems and conditions. The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, board of physician assistants, or the authorized agents of the boards.

(4) A physician assistant may perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of the patients.

(5) The physician assistant may render emergency medical service in accordance with guidelines previously established by the collaborating physician pending the arrival of a responsible physician in cases where immediate diagnosis and treatment are necessary to avoid disability or death.

(b) A physician assistant shall, at all times, practice in collaboration with a licensed physician who has control of and responsibility for the services provided by the physician assistant and the duty of assuring that there is a proper collaboration with the physician and that the activities of the physician assistant are otherwise appropriate.

(c) Rules that purport to regulate the collaboration of physician assistants with physicians must be jointly adopted by the board of medical examiners and the board of physician assistants.

(d) A physician assistant practicing in collaboration with a licensed podiatrist:

(1) Shall not provide services that are outside of the scope of practice of a podiatrist as set forth in § 63-3-101;

(2) Shall comply with the requirements of, and rules adopted pursuant to, this section and § 63-19-107 governing the collaboration with a physician assistant; and

(3) May prescribe only drugs that are rational to the practice of podiatry.

63-19-107. Practices for collaboration with physician assistants.

A licensed physician collaborating with physician assistants shall comply with the following practices:

(1) More than one (1) physician may collaborate with the same physician assistant; provided, each physician assistant has a primary collaborating physician and may have additional alternate collaborating physicians who collaborate with the physician assistant in the absence or unavailability of the primary collaborating physician. Each physician assistant shall notify the board of physician assistants of the name, address, and license number of the physician assistant's primary collaborating physician and shall notify the board of physician assistants of a change in the primary collaborating physician within fifteen (15) days of the change. The number of physician assistants for whom a physician may serve as the collaborating physician must be determined by the physician at the practice level, consistent with good medical practice. The collaborating physician shall designate one (1) or more alternate physicians who have agreed to accept the responsibility of collaborating with the physician assistant on a prearranged basis in the collaborating physician's absence;

(2)

(A) In accordance with rules adopted by the board of medical examiners and the board of physician assistants, a collaborating physician may delegate to a physician assistant working in collaboration

with the physician the authority to prescribe or issue legend drugs and controlled substances listed in Schedules II, III, IV, and V of title 39, chapter 17, part 4. The rules adopted prior to March 19, 1999, by the board of medical examiners and the committee on physician assistants governing the prescribing of legend drugs by physician assistants remain effective after March 19, 1999, and may be revised from time to time as deemed appropriate by the board of medical examiners and the board of physician assistants. The board of medical examiners and the board of physician assistants may adopt additional rules governing the prescribing of controlled substances by physician assistants. A physician assistant to whom is delegated the authority to prescribe or issue controlled substances must register and comply with all applicable requirements of the drug enforcement administration;

(B)

(i) A physician assistant to whom the authority to prescribe legend drugs and controlled substances has been delegated by the collaborating physician shall file a notice with the board of physician assistants containing the name of the physician assistant, the name of the licensed physician collaborating with the physician assistant who has responsibility for and control of prescription services rendered by the physician assistant, and a copy of the formulary describing the categories of legend drugs and controlled substances to be prescribed or issued, by the physician assistant. The physician assistant is responsible for updating this information;

(ii) Notwithstanding another rule or law, a physician assistant shall not prescribe Schedules II, III, and IV controlled

substances unless the prescription is specifically authorized by the formulary or expressly approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication;

(iii) A physician assistant to whom the authority to prescribe controlled drugs has been delegated by the collaborating physician may only prescribe or issue a Schedule II or III opioid listed on the formulary for a maximum of a nonrefillable, thirty-day course of treatment, unless specifically approved after consultation with the collaborating physician before the initial issuance of the prescription or dispensing of the medication. This subdivision (2)(B)(iii) does not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33;

(C) The prescriptive practices of physician assistants and the collaborating physicians with whom the physician assistants are rendering services must be monitored by the board of medical examiners and the board of physician assistants. As used in this section, "monitor" does not include the regulation of the practice of medicine or the regulation of the practice of a physician assistant, but may include site visits by members of the board of medical examiners and the board of physician assistants;

(D) Complaints against physician assistants or collaborating physicians must be reported to the director of the division of health related boards, board of medical examiners, and the board of physician assistants, as appropriate;

(E)

(i) Every prescription order issued by a physician assistant pursuant to this section must be entered in the medical records of the patient and must be written on a preprinted prescription pad bearing the name, address, and telephone number of the collaborating physician and of the physician assistant, and the physician assistant shall sign each prescription order so written. If the preprinted prescription pad contains the names of more than one (1) physician, then the physician assistant shall indicate on the prescription which of those physicians is the physician assistant's primary collaborating physician by placing a checkmark beside or a circle around the name of that physician;

(ii) A handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted care living facility as defined in § 68-11-201;

(iii) A typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by

the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug, and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, nursing home, or an assisted care living facility as defined in § 68-11-201;

(iv) This section does not prevent a physician assistant from issuing a verbal prescription order;

(v)

(a) Handwritten, typed, or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for medicare and medicaid service guidance to state medicaid directors regarding § 7002(b) of the federal United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (P.L. 110-28), and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions;

(b) Subdivision (2)(E)(v)(a) does not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201, or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state, or federal correctional facility;

(F) Drugs must not be dispensed by a physician assistant except under the control and responsibility of the collaborating physician;

(G) A physician assistant authorized to prescribe drugs under this subdivision (2), who provides services in a free or reduced fee clinic under the Volunteer Healthcare Services Act, compiled in chapter 6, part 7 of this title, may arrange for required personal review of the physician assistant's charts by a collaborating physician in the office or practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic. For purposes of this subdivision (2)(G), "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. 164.312;

(H) A physician assistant authorized to prescribe drugs under this subdivision (2), who provides services in a community mental health center as defined in § 33-1-101, may arrange for the required personal review of the physician assistant's charts by a collaborating physician, with the same authority to render prescriptive services that the physician assistant is authorized to render, in the office or practice site of the physician, or the required visit by a collaborating physician to any remote site, or both, via HIPAA-compliant electronic means rather than at the site of the clinic. For purposes of this subdivision (2)(H), "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. § 164.312;

(3) The patient of a physician receiving services from that physician assistant shall be fully informed that the individual is a physician assistant or a sign must be conspicuously placed within the office of the physician indicating that certain services may be rendered by a physician assistant;

(4) A physician who does not normally provide patient care is not authorized to collaborate with or utilize the services of a physician assistant; and

(5)

(A) A physician assistant shall only perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine, or block of major peripheral nerves of the spine in any setting not licensed under title 68, chapter 11, under the direct supervision of a Tennessee physician

licensed pursuant to chapter 6 or 9 of this title who is actively practicing spinal injections and has current privileges to do so at a facility licensed pursuant to title 68, chapter 11. The direct supervision provided by a physician in this subdivision (5)(A) must only be offered by a physician who meets the qualifications established in § 63-6-244(a)(1) or (a)(3) or § 63-9-121(a)(1) or (a)(3);

(B) For purposes of this subdivision (5), "direct supervision" means being physically present in the same building as the physician assistant at the time the invasive procedure is performed; and

(C) This subdivision (5) does not apply to a physician assistant performing major joint injections except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings.

63-19-108. Unprofessional conduct by physician collaborating with a physician assistant.

When a licensed physician collaborates with a physician assistant or orthopedic physician assistant in a manner that is inconsistent with this chapter, it constitutes grounds for a finding of unprofessional conduct and the physician is subject to disciplinary action by the board of medical examiners in accordance with § 63-6-214, the board of osteopathic examination in accordance with § 63-9-111, or the board of podiatric medical examiners in accordance with § 63-3-119. As used in this section, "disciplinary action" includes, but is not limited to, the discipline described in §§ 63-6-214(a), 63-9-111(a), and 63-3-119(a), and the suspension of privileges to collaborate with a physician assistant or an orthopedic physician assistant.

63-19-109. Exclusions of limitations on employment.

This part does not limit the employment arrangement of a physician assistant licensed under this part.

63-19-110. Grounds for denial, suspension, or revocation of licenses.

(a) The board has the power to:

(1) Deny an application for a license to an applicant who applies for a license through reciprocity or otherwise;

(2) Permanently or temporarily withhold issuance of a license;

(3) Suspend, limit, or restrict a previously issued license for such time and in such manner as the board may determine;

(4) Reprimand or take such action in relation to disciplining an applicant or licensee, including, but not limited to, informal settlements, private censures and warnings, and issuing civil penalties, as the board in its discretion may deem proper; or

(5) Permanently revoke a license.

(b) The grounds upon which the board shall exercise such power include, but are not limited to:

(1) The conviction of a crime;

(2) Fraud in procuring or attempting to procure a license to practice medicine as a physician assistant;

(3) The commission of unprofessional or unethical conduct;

(4) An addiction to the use of alcohol, narcotics, or other drugs;

(5) Engaging in the inappropriate prescribing, dispensing, or otherwise distributing a controlled substance or other drug in the course of professional practice;

(6) Suspension or revocation of a license in another state for disciplinary reasons; or

(7) Failure to comply with the lawful order or duly promulgated rules of the board.

(c) Upon issuing disciplinary action to a licensee, the board shall notify the board of medical examiners, board of osteopathic examination, or board of podiatry, as appropriate, of the disciplinary action and the licensee's primary collaborating physician of record.

(d) A disciplinary action issued by the board for a violation involving the prescribing, dispensing, or otherwise issuing of controlled substances by a physician assistant must also be approved by the board of medical examiners, and the board shall give notice to the appropriate licensing board of the primary collaborating physician of record.

63-19-111. Exemptions.

(a) This part does not:

(1) Modify or supersede any existing laws relating to other paramedical professions or services;

(2) Permit a physician assistant to:

(A) Measure the powers or range of human vision, or determine the refractive state of the human eye or the scope of its functions in general or prescribe or direct the use of ophthalmic lenses or prisms to remedy or relieve defects of vision or muscular anomalies;

(B) Prescribe or fit or adapt contact lenses to or for the human eye; or

(C) Practice chiropractic or to analyze or palpate the articulations of the spinal column for the purposes of giving a spinal adjustment; or

(3) Prohibit a physician assistant from testing visual acuity or performing routine vision screening.

(b) This part does not apply to registered nurses or licensed practical nurses utilized by a physician under § 63-6-204 or § 63-9-113, or to technicians, other assistants, or employees of a physician not rendering services as a physician assistant and who perform delegated tasks in the office of a physician or to students enrolled in physician assistant training programs accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor entity.

63-19-112. Administrative proceedings.

The board shall conduct all administrative proceedings for disciplinary action against a license holder under this part in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

63-19-113. Licensure renewal by retired physician assistants.

A person licensed by the board as a physician assistant who has retired or may retire from practice in this state is not required to biennially renew the person's license as required by this part, if the person files with the board an affidavit on a form to be furnished by the board, which affidavit states the date on which the person retired from practice and any other facts, as the board considers necessary, that tend to verify the retirement. If the person thereafter reengages in practice in this state, then the person must apply for licensure by the board as provided by this part and is not liable for payment of licensure renewal fees that accrued during the period of retirement.

63-19-114. Use of title "physician assistant" or abbreviation "PA."

(a) A person who holds a valid license or temporary license from the board has the right to use the title "physician assistant," the abbreviation "PA," or the abbreviation "PA-C." No other person may assume that title or use those abbreviations, or any words, signs, letters, or devices to indicate that the person using them is a physician assistant.

(b) A person who meets the qualifications for licensure under this chapter but does not possess a current license may use the title "PA," "physician assistant," or "PA-C," but may not act or practice as a PA unless licensed under this chapter.

(c) This section does not apply to public accountants or certified public accountants. This section does not prevent a public accountant from using the abbreviation "P.A.".

63-19-115. Special volunteer license for practice in free health clinic — Exemption from fees — Renewal.

A physician assistant licensed pursuant to this chapter under a special volunteer license who is a medical practitioner, as defined by § 63-1-201, engaged in practice at a free health clinic is not subject to license fees under this chapter. The board may issue a special volunteer license, as defined in § 63-1-201, to qualified applicants without fee or charge. The license is for a period of two (2) years and may be renewed on a biennial basis.

SECTION 7. Tennessee Code Annotated, Section 63-19-201, is amended by deleting the section and substituting:

(a) Licensed orthopedic physician assistants are under the jurisdiction of the board of physician assistants created by § 63-19-103.

(b) The board of physician assistants has the duty to:

(1) Promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, all rules that are reasonably necessary for the performance of the duties of orthopedic physician assistants, including, but not limited to, rules that specify the acts and offenses that subject the license holder to disciplinary action by the board pursuant to subdivision

(b)(7);

(2) Set fees relative to the examination, licensure, and licensure renewal of orthopedic physician assistants in an amount sufficient to pay all of the

expenses of the board, and to establish and collect a late renewal fee from those orthopedic physician assistants who fail to renew their licenses in a timely manner;

(3) Review and approve or reject the qualifications of each applicant for initial licensure as an orthopedic physician assistant;

(4) Biennially review and approve or reject the qualifications of each applicant for biennial licensure renewal. The board shall condition approval for renewal on the receipt of evidence satisfactory to the board of the applicant's successful completion of sixty (60) hours of continuing medical education approved by the American Medical Association or other appropriate professional association. The board may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability, or other undue hardship;

(5) Issue all approved orthopedic physician assistant licenses and renewals;

(6) Collect or receive all fees, fines, and moneys owed pursuant to this part and pay the fees, fines, and moneys into the general fund of the state. For the purpose of implementing subdivision (b)(2), all fees, fines, and moneys collected pursuant to the regulation of orthopedic physician assistants must be so designated; and

(7) Deny, suspend, or revoke the license of, or otherwise discipline by a fine not to exceed five hundred dollars (\$500), or by reprimand, a license holder who is guilty of violating this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (b)(1). If sanctions are imposed on a licensee pursuant to this subdivision (b)(7), then the licensee may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of

the prosecuting attorney or attorneys, the investigator or investigators, and any other persons involved in the investigation, prosecution, and hearing of the case. The board may limit, restrict, or impose one (1) or more conditions on a license at the time it is issued, renewed, or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

(c) Actions taken under this section are only effective after adoption by majority vote of the members of the board of physician assistants.

(d) For purposes of this part, unless the context requires otherwise, "physician" means a person lawfully licensed to practice orthopedic medicine and surgery pursuant to chapter 6 of this title, or osteopathic medicine pursuant to chapter 9 of this title.

SECTION 8. Tennessee Code Annotated, Section 63-19-202, is amended by deleting the section and substituting:

(a) A person shall not claim to be or function as an orthopedic physician assistant unless the person holds a valid orthopedic physician assistant license issued by the board.

(b) The board shall not license a person as an orthopedic physician assistant or renew the license of an orthopedic physician assistant unless:

(1)

(A) The person is a graduate of an orthopedic physician assistant training program approved by the board;

(B) The person has successfully completed the examination of the National Board for Certification of Orthopedic Physician Assistants; and

(C) The person was performing services as an orthopedic physician assistant in this state on January 1, 2021; or

(2) The person was performing services as an orthopedic physician assistant in this state on or after January 1, 2021, and has been continuously licensed as an orthopedic physician assistant in this state since 1995.

(c) The board may require that an applicant for licensure as an orthopedic physician assistant appear before the board to answer questions regarding the applicant's fitness for licensure.

SECTION 9. Tennessee Code Annotated, Section 68-1-101(a)(8)(O), is amended by deleting "Board of medical examiners' committee on physician assistants" and substituting "Board of physician assistants".

SECTION 10. Tennessee Code Annotated, Section 68-11-222(b)(4), is amended by deleting "Board of medical examiners' committee on physician assistants" and substituting "Board of physician assistants".

SECTION 11. Tennessee Code Annotated, Section 71-5-201(b), is amended by deleting the subsection.

SECTION 12. The headings in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 13. Rules promulgated pursuant to this chapter to effectuate the purposes of this act must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 14. This act takes effect upon becoming a law, the public welfare requiring it.